STATE OF CALIFORNIA
BOARD OF BEHAVIORAL SCIENCES
1625 NORTH MARKET ST., SUITE S200 SACRAMENTO, CA 95834
TELEPHONE:(916) 574-7830 TDD: (916)322-1700
WEBSITE ADDRESS: http://www.bbs.ca.gov

RESPONSIBILITY STATEMENT FOR SUPERVISORS OF AN ASSOCIATE CLINICAL SOCIAL WORKER

1800 37A-522 (REV. 7/05)

Title 16, California Code of Regulations Section 1870 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a license as a Clinical Social Worker to complete and sign, under penalty of perjury, the following statement.

Associate's Name	ASW Number
Supervisor's Name	

As the supervisor:

1) I am licensed in California. The license I hold is:

Licensed Clinical Social Worker …… _____ *License #* _____ *Issue Date*

Marriage and Family Therapist …… _____ *License #* _____ *Issue Date*

*****Psychologist …… _____ *License #* _____ *Issue Date*

*****Physician certified in psychiatry by the …… _____ *License #* _____ *Issue Date*
American Board of Psychiatry and Neurology

2) I have and will maintain a current license in good standing and will immediately notify the associate of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or lapse in licensure, that affects my ability or right to supervise.

3) I have practiced psychotherapy as part of my clinical experience for at least two (2) years within the last five (5) years immediately preceding this supervision.

4) I have completed a minimum of fifteen (15) contact hours in supervision training obtained from a state agency or approved continuing education provider.

5) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise associates.

6) I know and understand the laws and regulations pertaining to both the supervision of associates and the experience required for licensure as a clinical social worker.

7) I shall ensure that the extent, kind, and quality of clinical social work performed is consistent with the training and experience of the associate.

8) I shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work.

9) I shall develop a supervisory plan as described in Section 1870.1 of the California Code of Regulations. The original signed plan shall be submitted to the board upon the associate's application for licensure.

*** Psychologists and Physicians board certified in psychiatry are not required to comply with #4.**

(OVER)

10) I shall provide the board with this original signed form within 30 days of commencement of any supervision. I shall provide a copy of this form to the associate.

11) I shall give at least one (1) week's written notice to the associate of my intent not to certify any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision.

12) I shall complete an assessment of the ongoing strengths and weaknesses of the associate at least once a year and upon completion or termination of supervision and will provide copies of all assessments to the associate.

13) Upon written request of the board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in this section.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and the information submitted on this form is true and correct.

_____ _____ _____

Printed Name of Qualified Supervisor *Signature of Qualified Supervisor* *Date*

_____

Mailing Address: Number and Street City State Zip Code

Qualified Supervisor's Daytime Telephone Number: ( )_____

The **original** of this form must be mailed to:

Board of Behavioral Sciences
1625 North Market Blvd., Suit S200
Sacramento, CA 95834